|       |                          | •                                      | ase 19-1307           | 0 200         |                   | 103/14/19 F                  | age i oi                                | . •              |   |
|-------|--------------------------|--|-----------------------|---------------|-------------------|------------------------------|---|------------------|---|
| Fill  | n this inform            | nation to identify                     | your case and th      | is filing:    |                   |                              |   |                  |   |
| Deb   | tor 1                    | Elizabeth A.                           | Overholtzer           |               |                   |                              |   |                  |   |
| D-L   | to O                     | First Name                             | Middle                | Name          | Last N            | Name                         |   |                  |   |
|       | tor 2<br>ise, if filing) | First Name                             | Middle                | Name          | Last N            | Name                         |   |                  |   |
| Unit  | ed States Bar            | nkruptcy Court for                     | the: DISTRICT         | OF MARYLA     | AND               |                              |   |                  |   |
| Cas   | e number _1              | 19-13076                               |                       |               |                   |                              |   |                  | ☐ Check if this is an amended filing                      |
| ∩fſ   | icial Fo                 | rm 106A/E                              | ł                     |               |                   |                              |   |                  |   |
|       |                          | e A/B: Pi                              | _                     |               |                   |                              |   |                  | 10/15   |
|       |                          |  |                       |               | 16                |                              |   |                  | 12/15<br>the category where you                           |
| Part  |                          | Each Residence, B                      | uilding, Land, or Ot  |               |                   |                              |   |                  |   |
| ı. Do | you own or h             | ave any legal or eq                    | uitable interest in a | ny residence, | , building, land, | or similar property?         |   |                  |   |
|       | No. Go to Part           | 2.                                     |                       |               |                   |                              |   |                  |   |
|       | Yes. Where is            | the property?                          |                       |               |                   |                              |   |                  |   |
| 1.1   | 6026 Cono                | over Road<br>f available, or other des | cription              | Sing          | e property? Chec  |                              |   |                  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i> |
|       |                          |  |                       |               |                   |                              | itors Who Have Claims Secured by Proper |                  |   |
|       | Tanavtavu                | n MD                                   | 21787-0000            |               | nufactured or mol | oile home                    | Current valu                            |                  | Current value of the                                      |
|       | City                     | State                                  | ZIP Code              | ☐ Lan         | estment property  |                              | entire prope<br>\$220                   | rty?<br>),000.00 | portion you own?<br>\$220,000.00                          |
|       |                          |  |                       | ☐ Time        | eshare            |                              |   |                  | our ownership interest                                    |
|       |                          |  |                       |               |                   | property? Check one          | (such as fee<br>a life estate)          |                  | ancy by the entireties, or                                |
|       |                          |  |                       | _             | otor 1 only       |                              | fee simple                              | 9                |   |
|       | Carroll                  |  |                       | _             | otor 2 only       |                              |   |                  |   |
|       | County                   |  |                       | _             | otor 1 and Debtor | 2 only<br>ebtors and another | Check in (see instri                    |                  | munity property   |
|       |                          |  |                       | Other info    |                   | h to add about this ite      | em, such as loca                        | al               |   |
|       |                          |  |                       |               |                   |                              |   |                  |   |
|       |                          |  |                       |               |                   |                              |   |                  |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor                    | 1 <u>E</u>      | lizabeth A. Overholtze  | er   | Case number (if known)      | 19-13076   |
|---------------------------|-----------------|---|--|-----------------------------|--|
| 3. Cars                   | s, vans,        | trucks, tractors, sport u   | itility vehicles, motorcycles  |                             |  |
|                           | 0               |   |  |                             |  |
| ■ Ye                      | -               |   |  |                             |  |
|                           | 00              |   |  |                             |  |
| 3.1                       | Make:           | Ford  | Who has an interest in the property? Check one   |                             | ured claims or exemptions. Put secured claims on Schedule D:                       |
|                           | Model:          | Escape  | ■ Debtor 1 only  |                             | ve Claims Secured by Property.   |
|                           | Year:           | 2013  | Debtor 2 only  | Current value of t          | he Current value of the  |
|                           |                 |   | 2100 Debtor 1 and Debtor 2 only  | entire property?            | portion you own?   |
| -                         |                 | ormation:<br>on: 6026 Conover Roa   | At least one of the debtors and another  |                             |  |
|                           |                 | own MD 21787  | Check if this is community property (see instructions)   | \$10,297                    | .00 \$10,297.00  |
|                           | <i>nples:</i> B |   | ATVs and other recreational vehicles, other vehicles, sonal watercraft, fishing vessels, snowmobiles, motorcycles, and the solution of the sol |                             |  |
|                           |                 |   | you own for all of your entries from Part 2, including<br>2. Write that number here  |                             | \$10,297.00  |
|                           |                 | oe Your Personal and Hous   |  |                             |  |
| Do you                    | u own o         | r have any legal or equit   | table interest in any of the following items?  |                             | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| <i>Exa</i><br>□ N         | amples: I<br>No | scribe  | e, linens, china, kitchenware  |                             |  |
|                           |                 |   | ld goods and furnishings, old ice box, china classifiers and decorations   | oset misc                   | \$1,200.00   |
| Exa                       | No              | including cell phones, can  | udio, video, stereo, and digital equipment; computers, pri<br>neras, media players, games  | inters, scanners; music o   | ollections; electronic devices   |
|                           |                 | ceii pnon   | ne, computer   |                             | \$150.00   |
| Exa                       | amples: i       | s of value<br>Antiques and figurines; pa<br>other collections, memora<br>scribe | aintings, prints, or other artwork; books, pictures, or other abilia, collectibles   | r art objects; stamp, coin, | or baseball card collections;  |
|                           | amples: S       | for sports and hobbies<br>Sports, photographic, exer<br>musical instruments     | rcise, and other hobby equipment; bicycles, pool tables,   | golf clubs, skis; canoes a  | and kayaks; carpentry tools;   |
| ΠY                        | es. De          | scribe  |  |                             |  |
| 10. <b>Fire</b> <i>Ex</i> | kamples.        | Pistols, rifles, shotguns, a  | ammunition, and related equipment  |                             |  |
|                           | Form 10         | 06A/B   | Schedule A/B: Property   |                             | page 2   |

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| Debtor 1      | Elizabeth A.                  | Overholtzer                      |   | Case number (if known)         | 19-13076   |
|---------------|-------------------------------|----------------------------------|---|--------------------------------|--|
| ☐ Yes.        | Describe                      |                                  |   |                                |  |
| □ No          |                               | othes, furs, leather coats, de   | signer wear, shoes, accessories   |                                |  |
|               |                               | women's clothing sho             | es purses etc   |                                | \$375.00   |
| □ No          |                               | welry, costume jewelry, enga     | agement rings, wedding rings, heirlo  | oom jewelry, watches, gems, g  | gold, silver   |
|               |                               | misc costume jewelry watches etc | - rings, necklaces, earrings, b   | oracelets,                     | \$250.00   |
| Examp<br>□ No | arm animals ples: Dogs, cats, | birds, horses                    |   |                                |  |
|               |                               | 2 dogs                           |   |                                | \$0.00   |
| □ No          | her personal an               | -                                | I not already list, including any hove  | ealth aids you did not list    | \$300.00   |
|               |                               |                                  |   |                                |  |
|               |                               |                                  | Part 3, including any entries for p   | ages you have attached         | \$2,275.00   |
|               | scribe Your Finan             |                                  |   |                                |  |
| Do you ow     | vn or have any l              | egal or equitable interest in    | n any of the following?   |                                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ☐ No          |                               | have in your wallet, in your h   | ome, in a safe deposit box, and on  | hand when you file your petiti | on   |
|               |                               |                                  |   | Cash                           | \$10.00  |
|               |                               |                                  | counts; certificates of deposit; share<br>as with the same institution, list each |                                | nouses, and other similar  |
| _             |                               |                                  | Institution name:   |                                |  |
|               |                               | 17.1. checking acct              | BB&T Bank   |                                | \$75.89  |

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| De  | ebtor 1          | Elizabeth A. Overholtzer   | Case number (if know   | /n) _ | 19-13076  |
|-----|------------------|--|--|-------|---|
| 18. |                  | mutual funds, or publicly traded stocks<br>eles: Bond funds, investment accounts with brokera  | ge firms, money market accounts  |       |   |
|     | ■ No<br>□ Yes    | Institution or issuer name   | :  |       |   |
|     |                  |  |  |       | in an IIO nambaashin and  |
| 19. | joint vo         |  | d and unincorporated businesses, including an inter  | esi   | in an LLC, partnership, and   |
|     | ☐ Yes.           | Give specific information about them  Name of entity:  | % of ownership:  |       |   |
| 20. | Negotia          | ment and corporate bonds and other negotiable able instruments include personal checks, cashiers egotiable instruments are those you cannot transfer | e and non-negotiable instruments checks, promissory notes, and money orders.                               |       |   |
|     |                  | Give specific information about them<br>Issuer name:   |  |       |   |
| 21. | Examp            | nent or pension accounts<br>les: Interests in IRA, ERISA, Keogh, 401(k), 403(b)  | thrift savings accounts, or other pension or profit-shari  | ng p  | lans  |
|     | ■ No<br>□ Yes.   | List each account separately.  Type of account:  | Institution name:  |       |   |
| 22. | Your sl<br>Examp | y deposits and prepayments<br>nare of all unused deposits you have made so that<br>liles: Agreements with landlords, prepaid rent, public            | you may continue service or use from a company<br>utilities (electric, gas, water), telecommunications com | panie | es, or others   |
|     | ■ No<br>□ Yes.   |  | Institution name or individual:  |       |   |
| 23. | Annuiti          | es (A contract for a periodic payment of money to  | ou, either for life or for a number of years)  |       |   |
|     | ■ No<br>□ Yes    | Issuer name and description.   |  |       |   |
| 24. |                  | s in an education IRA, in an account in a qualified. §§ 530(b)(1), 529A(b), and 529(b)(1).   | ed ABLE program, or under a qualified state tuition  | prog  | ıram.   |
|     | ☐ Yes            | Institution name and description. Sep  | parately file the records of any interests.11 U.S.C. § 521   | (c):  |   |
|     | Trusts,<br>■ No  | equitable or future interests in property (other   | han anything listed in line 1), and rights or powers o   | exer  | cisable for your benefit  |
|     | ☐ Yes.           | Give specific information about them   |  |       |   |
| 26. |                  | s, copyrights, trademarks, trade secrets, and otheles: Internet domain names, websites, proceeds from  |  |       |   |
|     |                  | Give specific information about them   |  |       |   |
| 27. |                  | es, franchises, and other general intangibles<br>les: Building permits, exclusive licenses, cooperation  | e association holdings, liquor licenses, professional lice   | ense  | s   |
|     |                  | Give specific information about them   |  |       |   |
| М   | oney or p        | property owed to you?  |  |       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref          | unds owed to you   |  |       |   |
|     | ■ No □ Yes.      | Give specific information about them, including whe  | ther you already filed the returns and the tax years   |       |   |

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| De  | ebtor 1                | Elizabeth A. Overholtzer  | Case number (if known)                                | 19-13076                   |
|-----|------------------------|---|---|----------------------------|
|     | Exam <sub>p</sub> ■ No | support oles: Past due or lump sum alimony, spousal support, chil   | d support, maintenance, divorce settlement, property  | settlement                 |
|     | ☐ Yes.                 | Give specific information   |   |                            |
| 30. |                        | amounts someone owes you  oles: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else                   | lity benefits, sick pay, vacation pay, workers' compe | nsation, Social Security   |
|     | -                      | Give specific information   |   |                            |
|     |                        | ts in insurance policies  oles: Health, disability, or life insurance; health savings ac  | count (HSA); credit, homeowner's, or renter's insurar | nce                        |
|     | ☐ Yes.                 | Name the insurance company of each policy and list its v<br>Company name:   | alue.<br>Beneficiary:                                 | Surrender or refund value: |
|     | If you a some of       | terest in property that is due you from someone who have the beneficiary of a living trust, expect proceeds from one has died.  Give specific information |   | eive property because      |
|     | Exam <sub>l</sub> ■ No | against third parties, whether or not you have filed a ples: Accidents, employment disputes, insurance claims, of Describe each claim                     |   |                            |
|     | ■ No                   | contingent and unliquidated claims of every nature, in  | cluding counterclaims of the debtor and rights to     | set off claims             |
|     | ■ No                   | nancial assets you did not already list  Give specific information  |   |                            |
| 36  |                        | the dollar value of all of your entries from Part 4, incluart 4. Write that number here   |   | \$85.89                    |
| Pa  | rt 5: De               | scribe Any Business-Related Property You Own or Have an I   | nterest In. List any real estate in Part 1.           |                            |
| 37. |                        | own or have any legal or equitable interest in any business-re  | elated property?                                      |                            |
| [   |                        | Go to line 38.  |   |                            |
| Pa  |                        | scribe Any Farm- and Commercial Fishing-Related Property ou own or have an interest in farmland, list it in Part 1.                                       | You Own or Have an Interest In.                       |                            |
| 46. | _ ′                    | own or have any legal or equitable interest in any far<br>Go to Part 7.   | rm- or commercial fishing-related property?           |                            |
|     | ☐ Yes                  | . Go to line 47.  |   |                            |
|     | rt 7:                  | Describe All Property You Own or Have an Interest in That   |   |                            |
| 53. | Do you<br>Examp        | I have other property of any kind you did not already loles: Season tickets, country club membership  | list?   |                            |
|     |                        | Give specific information   |   |                            |

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| Debtor 1 Elizabeth A. Overholtzer  |                 | Case number (if known)    | 19-13076                |
|--|-----------------|---------------------------|-------------------------|
| 54. Add the dollar value of all of your entries from Part 7. Write the   | nat number here |                           | \$0.00                  |
| Part 8: List the Totals of Each Part of this Form                        |                 |                           |                         |
| 55. Part 1: Total real estate, line 2                                    |                 |                           | \$220,000.00            |
| 56. Part 2: Total vehicles, line 5                                       | \$10,297.00     |                           |                         |
| 57. Part 3: Total personal and household items, line 15                  | \$2,275.00      |                           |                         |
| 58. Part 4: Total financial assets, line 36                              | \$85.89         |                           |                         |
| 59. Part 5: Total business-related property, line 45                     | \$0.00          |                           |                         |
| 60. Part 6: Total farm- and fishing-related property, line 52            | \$0.00          |                           |                         |
| 61. Part 7: Total other property not listed, line 54                     | \$0.00          |                           |                         |
| 62. <b>Total personal property.</b> Add lines 56 through 61              | \$12,657.89     | Copy personal property to | otal <b>\$12,657.89</b> |
| 63. <b>Total of all property on Schedule A/B</b> . Add line 55 + line 62 |                 |                           | \$232,657.89            |

| Fill in this infor                          |            |                      |           |                                      |
|---|------------|----------------------|-----------|--------------------------------------|
| Debtor 1                                    |            |                      |           |                                      |
|   | First Name | Middle Name          | Last Name |                                      |
| Debtor 2                                    |            |                      |           |                                      |
| (Spouse if, filing)                         | First Name | Middle Name          | Last Name |                                      |
| United States Bankruptcy Court for the: DIS |            | DISTRICT OF MARYLAND |           |                                      |
| Case number                                 | 19-13076   |                      |           |                                      |
| (if known)                                  | 13-13070   |                      |           | ☐ Check if this is an amended filing |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption                      |
|--|--------------------------------------|-----------------------------------|---|---|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |   |
| 6026 Conover Road Taneytown, MD<br>21787 Carroll County                                | \$220,000.00                         |                                   | \$23,675.00   | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(f)(1)(i)(2) |
| Line from Schedule A/B: 1.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 001(1)(1)(1)(1)                               |
| 2013 Ford Escape 42100 miles<br>Location: 6026 Conover Road,                           | \$10,297.00                          |                                   | \$1,712.63  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(f)(1)(i)(1) |
| Taneytown MD 21787<br>Line from <i>Schedule A/B</i> : 3.1                              |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 00 (1)(1)(1)(1)                               |
| household goods and furnishings, old ice box, china closet misc                        | \$1,200.00                           |                                   | \$1,000.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(4)       |
| househld items and decorations Line from Schedule A/B: 6.1                             |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 1100. 3 11 304(5)(4)                                    |
| household goods and furnishings, old ice box, china closet misc                        | \$1,200.00                           |                                   | \$200.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(f)(1)(i)(1) |
| househld items and decorations Line from Schedule A/B: 6.1                             |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 304(1)(1)(1)(1)                               |
| cell phone, computer Line from Schedule A/B: 7.1                                       | \$150.00                             |                                   | \$150.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(f)(1)(i)(1) |
| LINE HOIN SCHEAUIE A/D. T.T  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | F100. 3 11-304(1)(1)(1)(1)                              |

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| Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own  Copy the value from Schedule A/B |          | ount of the exemption you claim   | Specific laws that allow exemption                       |
|---|--|----------|---|--|
| women's clothing shoes purses etc<br>Line from <i>Schedule A/B</i> : 11.1   | \$375.00   |          | \$375.00  100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)    |
| misc costume jewelry- rings,<br>necklaces, earrings, bracelets,<br>watches etc  | \$250.00   | <b>•</b> | \$250.00  | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)    |
| 2 dogs Line from Schedule A/B: 13.1   | \$0.00   | •        | any applicable statutory limit \$0.00                                     | Md. Code Ann., Cts. & Jud.<br>Proc. § 11-504(f)(1)(i)(1) |
|   |  |          | 100% of fair market value, up to any applicable statutory limit           |  |
| John Deer riding mower Line from Schedule A/B: 14.1   | \$300.00   |          | \$300.00  | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)    |
|   |  |          | 100% of fair market value, up to any applicable statutory limit           |  |
| Cash Line from Schedule A/B: 16.1   | \$10.00  |          | \$10.00   | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)          |
|   |  |          | 100% of fair market value, up to any applicable statutory limit           | (4)(4)   |
| checking acct: BB&T Bank Line from Schedule A/B: 17.1   | \$75.89  |          | \$75.89   | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)          |
|   |  |          | 100% of fair market value, up to any applicable statutory limit           | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (                    |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covere □ No | 3 years after that for ca  | ses fi   | ·   | ,  |
| ☐ Yes   |  |          |   |  |

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| Fill in this information to identify you          | ır case:   |  |                           |                   |
|---|--|--|---------------------------|-------------------|
|   |  |  |                           |                   |
| Debtor 1 Elizabeth A. Ov                          |  | Name                                     | _                         |                   |
| Debtor 2  |  |  |                           |                   |
| (Spouse if, filing) First Name                    | Middle Name Last   | Name                                     |                           |                   |
| United States Bankruptcy Court for the            | DISTRICT OF MARYLAND   |  |                           |                   |
| Case number 19-13076                              |  |  |                           |                   |
| (if known)  |  |  | ☐ Check                   | if this is an     |
|   |  |  | ameno                     | led filing        |
| Official Form 106D                                |  |  |                           |                   |
|   | Who Hove Claims So   | arred by Drama                           | <b>4</b>                  |                   |
| Schedule D: Creditors                             | Who Have Claims Sec  | curea by Prope                           | rty                       | 12/15             |
|   | If two married people are filing together, bo<br>out, number the entries, and attach it to this        |  |                           |                   |
| Do any creditors have claims secured by           | v vour property?   |  |                           |                   |
| <u> </u>  | his form to the court with your other sche   | dules. You have nothing els              | e to report on this form. |                   |
| Yes. Fill in all of the information               | •  | dates. Tod have nothing old              | o to roport on time form. |                   |
|   | below.   |  |                           |                   |
| Part 1: List All Secured Claims                   |  | Column A                                 | Column B                  | Column C          |
| for each claim. If more than one creditor has     | more than one secured claim, list the creditor s<br>a particular claim, list the other creditors in Pa | separately art 2. As Amount of claim     | Value of collateral       | Unsecured         |
| much as possible, list the claims in alphabeti    | cal order according to the creditor's name.  | Do not deduct the<br>value of collateral |                           | portion<br>If any |
| 2.1 Capital One                                   | Describe the property that secures the cla   |  |                           | \$0.00            |
| Creditor's Name                                   | 6026 Conover Road Taneytown, 21787 Carroll County  | MD                                       |                           |                   |
| DO D 00004  | As of the date you file, the claim is: Check   | all that                                 |                           |                   |
| PO Box 30281<br>Salt Lake City, UT 84130          | apply.   |  |                           |                   |
| Number, Street, City, State & Zip Code            | ☐ Contingent ☐ Unliquidated  |  |                           |                   |
| Number, Greet, Oity, State & Zip Gode             | ☐ Disputed   |  |                           |                   |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.  |  |                           |                   |
| Debtor 1 only                                     | ☐ An agreement you made (such as mortga  | age or secured                           |                           |                   |
| Debtor 2 only                                     | car loan)  |  |                           |                   |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic   | s's lien)                                |                           |                   |
| At least one of the debtors and another           | Judgment lien from a lawsuit   |  |                           |                   |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)  |  |                           |                   |
| Date debt was incurred 2016                       | Last 4 digits of account number  | 0114                                     |                           |                   |
| Oldline Bank (formerly                            |  |  |                           |                   |
| Damascus Bank)                                    | Describe the property that secures the cla   | aim: \$8,584.37                          | \$10,297.00               | \$0.00            |
| Creditor's Name                                   | 2013 Ford Escape 42100 miles Location: 6026 Conover Road,  |  |                           |                   |
|   | Taneytown MD 21787  As of the date you file, the claim is: Check                                       | all that                                 |                           |                   |
| PO Box 67019                                      | apply.   | an mai                                   |                           |                   |
| Newark, NJ 07101-8080                             | Contingent   |  |                           |                   |
| Number, Street, City, State & Zip Code            | Unliquidated   |  |                           |                   |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.  |  |                           |                   |
| ■ Debtor 1 only                                   | An agreement you made (such as mortga  | age or secured                           |                           |                   |
| ☐ Debtor 2 only                                   | car loan)  |  |                           |                   |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechanic   | s's lien)                                |                           |                   |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit   |  |                           |                   |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)  |  |                           |                   |
| Date debt was incurred                            | Last 4 digits of account number  |  |                           |                   |

Official Form 106D

#### Case 19-13076 Doc 11 Filed 03/14/19 Page 10 of 19

| Deb           | otor 1 Elizabeth A. Overholtze  |   | Case number (if known) 19-13076 |                                  |                              |           |
|---------------|---|---|---------------------------------|----------------------------------|------------------------------|-----------|
|               | First Name Middle N   | ame Last Name   |                                 |                                  |                              |           |
| 2.3           | Wells Fargo Home<br>Mortgage  | Describe the property that secures  | the claim:                      | \$150,175.67                     | \$220,000.00                 | \$0.00    |
|               | Creditor's Name   | 6026 Conover Road Taneyte 21787 Carroll County                                      | own, MD                         |                                  |                              |           |
|               | PO Box 10368<br>Des Moines, IA 50306  | As of the date you file, the claim is: apply.  Contingent                           | Check all that                  | 1                                |                              |           |
|               | Number, Street, City, State & Zip Code  | ☐ Unliquidated☐ Disputed  |                                 |                                  |                              |           |
|               | o owes the debt? Check one.   | Nature of lien. Check all that apply.   |                                 |                                  |                              |           |
|               | Debtor 1 only<br>Debtor 2 only  | <ul> <li>An agreement you made (such as car loan)</li> </ul>                        |                                 |                                  |                              |           |
|               | Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, me  | echanic's lien)                 |                                  |                              |           |
| _             | At least one of the debtors and another   | Judgment lien from a lawsuit  |                                 | o/d o t                          |                              |           |
|               | Check if this claim relates to a community debt   | Other (including a right to offset)   | mortgag                         | e/dot                            |                              |           |
| Date          | e debt was incurred   | Last 4 digits of account num  | ber <u>761</u>                  | 3                                |                              |           |
|               | Wells Fargo Home  |   |                                 |                                  |                              |           |
| 2.4           | Mortgage  | Describe the property that secures  | the claim:                      | \$25,188.03                      | \$220,000.00                 | \$0.00    |
|               | Creditor's Name   | 6026 Conover Road Taneyto<br>21787 Carroll County                                   | own, MD                         |                                  |                              |           |
|               | Attn: Bankruptcy  | As of the date you file, the claim is:  | Check all that                  |                                  |                              |           |
|               | Po Box 10335<br>Des Moines, IA 50306  | apply.  | onoon an inat                   |                                  |                              |           |
|               |   | Contingent  |                                 |                                  |                              |           |
|               | Number, Street, City, State & Zip Code  | ☐ Unliquidated☐ Disputed  |                                 |                                  |                              |           |
| Who           | o owes the debt? Check one.   | Nature of lien. Check all that apply.   |                                 |                                  |                              |           |
|               | Debtor 1 only   | An agreement you made (such as  | mortgage or                     | secured                          |                              |           |
| _             | Debtor 2 only   | car loan)   | mortgage of                     | Scourca                          |                              |           |
|               | Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, me  | echanic's lien)                 | )                                |                              |           |
|               | At least one of the debtors and another   | ☐ Judgment lien from a lawsuit  | ,                               |                                  |                              |           |
|               | Check if this claim relates to a community debt   | Other (including a right to offset)   | 2nd mor                         | tgage                            |                              |           |
| Date          | e debt was incurred   | Last 4 digits of account num  | ber <u>761</u>                  | 3                                |                              |           |
|               |   |   |                                 |                                  |                              |           |
| Ac            | ld the dollar value of your entries in C  | Column A on this page. Write that nun   | nber here:                      | \$185,148                        | 3.07                         |           |
|               | this is the last page of your form, add   | the dollar value totals from all pages  |                                 | \$185,148                        |                              |           |
| VV            | rite that number here:  |   |                                 | <b>V</b> 100,110                 | <u></u>                      |           |
| Par           | t 2: List Others to Be Notified for   | or a Debt That You Already Listed   | i                               |                                  |                              |           |
| tryir<br>than | this page only if you have others to b<br>ng to collect from you for a debt you o<br>n one creditor for any of the debts that<br>ts in Part 1, do not fill out or submit th | owe to someone else, list the creditor<br>t you listed in Part 1, list the addition | in Part 1, an                   | d then list the collection ago   | ency here. Similarly, if you | have more |
|               | Name, Number, Street, City, State &   | Zip Code  | On v                            | which line in Part 1 did you ent | ter the creditor? 2.1        |           |
|               | Capital One<br>4851 Cox Road<br>Glen Allen, VA 23060  |   | Last                            | 4 digits of account number       | _                            |           |

#### Case 19-13076 Doc 11 Filed 03/14/19 Page 11 of 19

| Fill in                                      | this inform   | ation to identify your   | case:  |  |  |  |   |   |
|--|---|--|--|--|--|--|---|---|
| Debtor                                       | 1   | Elizabeth A. Over  | holtzer<br>Middle Nam  | e  | Last Name                                    |  |   |   |
| Debtor<br>(Spouse i                          |   | First Name   | Middle Nam   | e  | Last Name                                    |  |   |   |
| ` `  |   | nkruptcy Court for the:  | DISTRICT OF  |  |  |  |   |   |
|  |   | 9-13076  |  |  |  |  |   |   |
| (if known)                                   |   | 9-13070  |  |  |  |  |   | Check if this is an amended filing  |
| Offici                                       | al Form   | 106E/F   |  |  |  |  |   |   |
|  |   | /F: Creditors W  | ho Have L  | Insecure   | d Claims                                     |  |   | 12/15   |
| any exec<br>Schedul<br>Schedul<br>left. Atta | cutory contr<br>e G: Execut<br>e D: Credito<br>ch the Cont<br>nd case num | acts or unexpired leases<br>ory Contracts and Unexp<br>ors Who Have Claims Sec                 | that could result<br>ired Leases (Offic<br>ured by Property.<br>ge. If you have no | in a claim. Also<br>cial Form 106G).<br>If more space is<br>information to r | list executory  Do not include  needed, copy | contracts on Sche<br>e any creditors with<br>the Part you need | dule A/B: Property (Offing partially secured claim to the fill it out, number | laims. List the other party to icial Form 106A/B) and on ns that are listed in entries in the boxes on the ditional pages, write your |
| 1. Do  | any credito   | rs have priority unsecure  | d claims against   | you?   |  |  |   |   |
|  | No. Go to Pa  | art 2.   |  |  |  |  |   |   |
|  | Yes.  |  |  |  |  |  |   |   |
| Part 2:                                      |   | of Your NONPRIORIT   |  |  |  |  |   |   |
| _  | -   | rs have nonpriority unsec  | •  | •  |  |  |   |   |
| Ц  | No. You hav   | e nothing to report in this p  | art. Submit this for   | n to the court wit   | th your other scl                            | nedules.   |   |   |
|  | Yes.  |  |  |  |  |  |   |   |
| uns  | secured claim<br>n one credito  | nonpriority unsecured cl<br>n, list the creditor separately<br>or holds a particular claim, li | y for each claim. Fo   | or each claim liste  | ed, identify what                            | type of claim it is. D   | o not list claims already i   | included in Part 1. If more   |
|  |   |  |  |  |  |  |   | Total claim   |
| 4.1  |   | ollect, Inc.   | Li   | ast 4 digits of ac   | ccount number                                | 9879   | _   | \$1,707.61  |
|  | 1851 S.   | Creditor's Name Alverno Road roc, WI 54221   | w  | hen was the de   | bt incurred?                                 |  |   | _   |
|  |   | reet City State Zlp Code   |  | s of the date yo   | u file, the claim                            | is: Check all that a   | pply  |   |
|  | Who incur   | red the debt? Check one.   |  |  |  |  |   |   |
|  | Debtor  | 1 only   |  | Contingent   |  |  |   |   |
|  | ☐ Debtor  |  |  | <b>1</b> Unliquidated  |  |  |   |   |
|  |   | 1 and Debtor 2 only  |  | Disputed   |  |  |   |   |
|  | ☐ At least  | one of the debtors and and   | -  | ype of NONPRIC   | ORITY unsecur                                | ed claim:  |   |   |
|  | ☐ Check i   | if this claim is for a com   | iluliity   | Student loans  |  |  |   |   |
|  |   | n subject to offset?   |  | Ubligations arisport as priority cl  |  | aration agreement o  | or divorce that you did no  | i   |
|  | ■ No  | -  |  | Debts to pension   | on or profit-shar                            | ing plans, and other   | similar debts   |   |
|  | ☐ Yes   |  | •  | Other. Specify   |  | ills/Well Span (<br>nd Wellspan M                              |   | _   |
| Part 3:                                      | I ist ∩t  | hers to Be Notified Ab   | out a Debt That  | You Already  | Listed                                       |  |   |   |
| 5. Use the is trying have to                 | nis page onling to collect  | y if you have others to be   | e notified about yo<br>owe to someone<br>debts that you lis                        | our bankruptcy,<br>else, list the ori<br>sted in Parts 1 o                   | for a debt that                              | in Parts 1 or 2, ther  | list the collection ager  | mple, if a collection agency<br>ncy here. Similarly, if you<br>additional persons to be   |
|  | and Address   |  |  | •  |  | u list the original cre  |   |   |
|  |   | sburg Hospital   | Line <b>4.</b>   | <b>1</b> of ( <i>Check one</i> )   |  |  | with Priority Unsecured C   |   |
|  | ettys Stre<br>sburg, PA   |  |  |  |  | Part 2: Creditors  | with Nonpriority Unsecure   | ed Claims   |
|  | 3,  |  | Last 4 c   | ligits of account r  | number                                       | 2442   |   |   |

Official Form 106 E/F

#### Case 19-13076 Doc 11 Filed 03/14/19 Page 12 of 19

Debtor 1 Elizabeth A. Overholtzer Case number (if known) 19-13076

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Wellspan Medical Group Physicians Billing Service 1803 Mount Rose Avenue Ste B3 York, PA 17403 On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3396,1562

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     |    | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total                 |     |   |     |    |             |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | 6f. | Student loans   | 6f. | \$ | Total Claim |
| Total claims          | 01. | Stads in Island   | Oi. | Ψ  | 0.00        |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 1,707.61    |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 1,707.61    |

#### Case 19-13076 Doc 11 Filed 03/14/19 Page 13 of 19

| Fill in this inform | nation to identify your | case:              |           |                              |
|---------------------|-------------------------|--------------------|-----------|------------------------------|
| Debtor 1            | Elizabeth A. Over       | holtzer            |           |                              |
|                     | First Name              | Middle Name        | Last Name |                              |
| Debtor 2            |                         |                    |           |                              |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name |                              |
| United States Bar   | nkruptcy Court for the: | DISTRICT OF MARYLA | ND        |                              |
| Case number _1      | 9-13076                 |                    |           |                              |
| (if known)          |                         |                    |           | ☐ Check if this amended fill |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 In Touch America   | cell phone contract for service         |

#### Case 19-13076 Doc 11 Filed 03/14/19 Page 14 of 19

| Fill in this                 | s information to identify you         | ur case:  |                       |   |   |
|------------------------------|---------------------------------------|---|-----------------------|---|---|
| Debtor 1                     | Elizabeth A. Ov                       |   |                       |   |   |
| D 1                          | First Name                            | Middle Name   | Last Name             | _   |   |
| Debtor 2<br>(Spouse if, fili | ing) First Name                       | Middle Name   | Last Name             |   |   |
| United Sta                   | ates Bankruptcy Court for the         | : DISTRICT OF MARYLA                                      | ND                    |   |   |
|                              |                                       |   |                       |   |   |
| Case num                     | nber 19-13076                         |   |                       |   | ☐ Check if this is an   |
| ()                           |                                       |   |                       |   | amended filing  |
|                              |                                       |   | ,                     |   | ameraea milg  |
| Officia                      | l Form 106H                           |   |                       |   |   |
|                              | dule H: Your Co                       | dehtore   |                       |   | 12/15   |
| Jene                         | dic II. Ioui oo                       | debioi 3  |                       |   | 12/13   |
| •                            | ,                                     | (If you are filing a joint case, o                        |                       | e as a codebtor.                              |   |
| _                            |                                       |   |                       |   |   |
| ■ No                         |                                       |   |                       |   |   |
| ☐ Ye                         | S                                     |   |                       |   |   |
|                              |                                       | rou lived in a community pr<br>na, Nevada, New Mexico, Pu |                       |   | ty states and territories include   |
| <b>=</b>                     | 0 1 11 0                              |   |                       |   |   |
| _                            | . Go to line 3.                       | oouse, or legal equivalent live                           | with you at the time? |   |   |
| L TE                         | s. Dia your spouse, former sp         | bouse, or legal equivalent live                           | with you at the time? |   |   |
| in line<br>Form              | e 2 again as a codebtor onl           | y if that person is a guaran                              | tor or cosigner. Make | sure you have listed to 06G). Use Schedule D, | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil<br>editor to whom you owe the debt |
|                              | Name, Number, Street, City, State and | d ZIP Code  |                       | Check all schedule                            |   |
| 3.1                          |                                       |   |                       | ☐ Schedule D, lin                             | ne  |
|                              | Name                                  |   |                       | ☐ Schedule E/F,                               | line  |
|                              |                                       |   |                       | ☐ Schedule G, lir                             |   |
| -                            | Number Street                         |   |                       |   |   |
|                              | City                                  | State   | ZIP Code              |   |   |
| 3.2                          |                                       |   |                       | □ Sahadula D. Iin                             | 20  |
| 3.2                          | Name                                  |   |                       | ☐ Schedule D, lin☐ Schedule E/F,              |   |
|                              |                                       |   |                       | ☐ Schedule E/F,                               |   |
|                              | Number                                |   |                       |   | ·   |
|                              | Number Street<br>City                 | State   | ZIP Code              |   |   |

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| Fill  | in this information to ider   | ntify your ca                         | se.  |  |                    |                | 1                                      |                               |                    |                                 |                   |
|-------|---|---------------------------------------|--|--|--------------------|----------------|--|-------------------------------|--------------------|---------------------------------|-------------------|
|       |   |                                       | Overholtzer  |  |                    |                |  |                               |                    |                                 |                   |
|       | otor 2<br>use, if filing)   |                                       |  |  |                    | _              |  |                               |                    |                                 |                   |
| Uni   | ted States Bankruptcy C   | ourt for the:                         | DISTRICT OF MARYL  | AND  |                    |                |  |                               |                    |                                 |                   |
| 1     | 19-1307   | 76                                    |  |  |                    |                | Check if this is                       | ed fil                        | 3                  |                                 |                   |
|       |   |                                       |  |  |                    |                | ☐ A supplem<br>13 income               |                               |                    | g postpetition<br>ollowing date |                   |
|       | fficial Form 10   |                                       |  |  |                    |                | MM / DD/ `                             | YYY                           | Y                  |                                 |                   |
|       | chedule I: You  |                                       | <u> </u>   |  |                    |                |  |                               |                    |                                 | 12/15             |
| sup   | plying correct informat<br>use. If you are separate<br>ch a separate sheet to | ion. If you and and your this form. C | ible. If two married peo<br>are married and not filir<br>spouse is not filing wi<br>On the top of any addition | ng jointly, and your<br>th you, do not inclu | spouse inde inform | s liv<br>natio | ing with you, incl<br>on about your sp | ude<br>ouse                   | inforn<br>a. If mo | nation about<br>ore space is    | t your<br>needed, |
| 1.    | Fill in your employment information.  |                                       |  | Debtor 1                                     |                    |                | Debtor                                 | Debtor 2 or non-filing spouse |                    |                                 |                   |
|       | If you have more than a   |                                       | Employment status  | ☐ Employed                                   |                    |                | •                                      | ☐ Employed                    |                    |                                 |                   |
|       | attach a separate page with information about additional employers.           |                                       |  | ■ Not employed                               |                    |                | ☐ Not e                                | ☐ Not employed                |                    |                                 |                   |
|       | Include part-time, seas   | onal or                               | Occupation   | Retired                                      |                    |                |  |                               |                    |                                 |                   |
|       | self-employed work.   | oriai, or                             | Employer's name  |  |                    |                |  |                               |                    |                                 |                   |
|       | Occupation may includ or homemaker, if it app                                 |                                       | Employer's address   |  |                    |                |  |                               |                    |                                 |                   |
|       |   |                                       | How long employed the  | nere?  |                    |                |  |                               |                    |                                 |                   |
| Par   | t 2: Give Details   | About Mon                             | thly Income  |  |                    |                |  |                               |                    |                                 |                   |
|       | mate monthly income a<br>use unless you are separ                             |                                       | te you file this form. If y  | ou have nothing to r                         | eport for a        | any            | line, write \$0 in the                 | spa                           | ce. Inc            | clude your no                   | n-filing          |
| If yo | u or your non-filing spou<br>e space, attach a separa                         | se have mo<br>te sheet to t           | re than one employer, co<br>his form.  | mbine the informatio                         | n for all e        | mplo           | oyers for that perso                   | on oi                         | n the lii          | nes below. If                   | you need          |
|       |   |                                       |  |  |                    |                | For Debtor 1                           |                               |                    | otor 2 or<br>ng spouse          |                   |
| 2.    |   |                                       | y, and commissions (be<br>alculate what the monthly  |  | 2.                 | \$             | 0.00                                   | \$                            |                    | N/A                             | -                 |
| 3.    | Estimate and list mor   | nthly overti                          | me pay.  |  | 3.                 | +\$            | 0.00                                   | +                             | \$                 | N/A                             | -                 |
| 4.    | Calculate gross Incor   | ne. Add lin                           | e 2 + line 3.  |  | 4.                 | \$             | 0.00                                   |                               | \$                 | N/A                             |                   |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1          | Elizabeth A. Overholtzer  | _          | Case r    | number (if known) | 19-130 | 076                               |               |
|------|---------------|---|------------|-----------|-------------------|--------|-----------------------------------|---------------|
|      | Con           | y line 4 here   | 4.         | For<br>\$ | Debtor 1          |        | ebtor 2 or<br>iling spouse<br>N/A |               |
| _    |               |   | ••         | Ψ         | 0.00              | Ψ      | II/A                              |               |
| 5.   | List          | all payroll deductions:   |            |           |                   |        |                                   |               |
|      | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 5c.           | Voluntary contributions for retirement plans  | 5c.        | \$_       | 0.00              | \$     | N/A                               |               |
|      | 5d.<br>5e.    | Required repayments of retirement fund loans Insurance  | 5d.<br>5e. | \$<br>\$  | 0.00              | \$     | N/A                               |               |
|      | 5f.           | Domestic support obligations  | 5f.        | \$<br>    | 0.00              | \$——   | N/A<br>N/A                        |               |
|      | 5g.           | Union dues  | 5g.        | \$-       | 0.00              | \$     | N/A                               |               |
|      | 5h.           | Other deductions. Specify:  | 5h.+       | · · —     |                   | + \$   | N/A                               |               |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$        | 0.00              | \$     | N/A                               |               |
| 7.   | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$        | 0.00              | \$     | N/A                               |               |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |            |           |                   |        |                                   |               |
|      |               | monthly net income.   | 8a.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 8b.           | Interest and dividends  | 8b.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 8d.           | Unemployment compensation   | 8d.        | \$        | 0.00              | \$     | N/A                               |               |
|      | 8e.           | Social Security   | 8e.        | \$        | 1,445.00          | \$     | N/A                               |               |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f.   | \$        | 0.00              | \$     | N/A                               |               |
|      | 8g.           | Pension or retirement income  | 8g.        | \$        | 385.49            | \$     | N/A                               |               |
|      | 8h.           | Other monthly income. Specify: family member contribution   | 8h.+       | \$        | 200.00            | + \$   | N/A                               |               |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$        | 2,030.49          | \$     | N/A                               |               |
| 10.  | Calc          | culate monthly income. Add line 7 + line 9.   | 10. \$     | 2         | 2,030.49 + \$     |        | N/A = \$ 2                        | 2,030.49      |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            |           | -,000110          |        |                                   | -,000110      |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not excity: | depen      |           | •                 |        | hedule J.<br>11. +\$              | 0.00          |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |            |           |                   |        | 12. \$ <b>2</b>                   | 2,030.49<br>d |
|      |               |   |            |           |                   |        | monthly                           | -             |
| 13.  |               | No.   | ?          |           |                   |        |                                   |               |
|      | П             | Yes. Explain:   |            |           |                   |        |                                   |               |

Official Form 106I Schedule I: Your Income page 2

| Fill       | in this informa                 | tion to identify yo                   | our case:                   |   |  | Ī           |                   |   |
|------------|---------------------------------|---------------------------------------|-----------------------------|---|--|-------------|-------------------|---|
|            | tor 1                           | Elizabeth A.                          |                             | zer   |  | Che         | eck if this is:   |   |
| Date       | t- :: 0                         |                                       |                             | <del></del>   |  |             | An amended filing | ole a constant and the constant               |
| 1          | otor 2<br>ouse, if filing)      |                                       |                             |   |  |             |                   | wing postpetition chapter the following date: |
| Unit       | ed States Bankr                 | uptcy Court for the                   | : DISTRI                    | CT OF MARYLAND  |  |             | MM / DD / YYYY    |   |
| Cas        | e number 19                     | -13076                                |                             |   |  |             |                   |   |
| (If kı     | nown)                           |                                       |                             |   |  |             |                   |   |
| Of         | fficial Fo                      | rm 106J                               |                             |   |  |             |                   |   |
|            |                                 | J: Your                               | Exper                       | ises  |  |             |                   | 12/15   |
| Be<br>info | as complete a                   | and accurate as                       | possible.                   | If two married people a ch another sheet to this            |  |             |                   |   |
| Par        |                                 | ibe Your House                        | hold                        |   |  |             |                   |   |
| 1.         | Is this a joir No. Go to        |                                       |                             |   |  |             |                   |   |
|            |                                 |                                       | in a separ                  | ate household?  |  |             |                   |   |
|            | □N                              | 0                                     | -                           |   |  |             |                   |   |
|            | □ Y                             | es. Debtor 2 mus                      | st file Offici              | al Form 106J-2, <i>Expenses</i>                             | s for Separate House                   | ehold of De | btor 2.           |   |
| 2.         | Do you have                     | e dependents?                         | ■ No                        |   |  |             |                   |   |
|            | Do not list Debtor 2.           | ebtor 1 and                           | ☐ Yes.                      | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you?                 |
|            | Do not state                    |                                       |                             |   |  |             |                   | □ No  |
|            | dependents                      | names.                                |                             |   |  |             |                   | ☐ Yes<br>☐ No                                 |
|            |                                 |                                       |                             |   |  |             |                   | ☐ Yes   |
|            |                                 |                                       |                             |   |  |             |                   | □ No  |
|            |                                 |                                       |                             |   |  |             |                   | □ Yes   |
|            |                                 |                                       |                             |   |  |             |                   | □ No<br>□ Yes                                 |
| 3.         | Do your exp                     | enses include                         |                             | No  |  |             | <del>-</del>      | □ 162   |
|            |                                 | f people other t<br>d your depende    | han $_{oldsymbol{\square}}$ | Yes   |  |             |                   |   |
|            |                                 | ate Your Ongoi                        |                             |   |  |             |                   |   |
| exp        |                                 |                                       |                             | uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                   |   |
|            |                                 |                                       |                             | government assistance                                       |  |             |                   |   |
|            | value of such<br>ficial Form 10 |                                       | d nave inc                  | cluded it on <i>Schedule I:</i> Y                           | rour income                            |             | Your exp          | enses   |
| 4.         |                                 | or home owners<br>and any rent for th |                             | ses for your residence. I                                   | Include first mortgag                  | je<br>4.    | \$                | 1,000.00                                      |
|            | If not includ                   | ed in line 4:                         |                             |   |  |             |                   |   |
|            | 4a. Real e                      | estate taxes                          |                             |   |  | 4a.         | \$                | 0.00  |
|            | 4b. Prope                       | rty, homeowner's                      |                             |   |  | 4b.         | ·                 | 0.00  |
|            |                                 |                                       | -                           | upkeep expenses   |  | 4c.         | ·                 | 0.00  |
| 5.         |                                 | owner's associat<br>nortgage paym     |                             | dominium dues<br>o <b>ur residence,</b> such as ho          | ome equity loans                       | 4d.<br>5.   |                   | 0.00  |
|            |                                 | 5 5 1 7 7                             | - , -                       | -,  |  |             |                   | -100  |

## Case 19-13076 Doc 11 Filed 03/14/19 Page 18 of 19

| Debtor 1                | Elizabeth A. Overholtzer  |   | Case numb          | er (if known)   | 19-13076                      |
|-------------------------|---|---|--------------------|-----------------|-------------------------------|
| 6 114:11                | tion.   |   |                    |                 |                               |
| 6. <b>Util</b> i<br>6a. | ties:<br>Electricity, heat, natural gas   |   | 6a.                | \$              | 109.97                        |
| 6b.                     | Water, sewer, garbage collection  | nn  | 6b.                |                 | 0.00                          |
| 6c.                     | Telephone, cell phone, Internet   |   | 6c.                |                 | 92.99                         |
| 6d.                     | Other. Specify: <b>cell</b>   | , satellite, and cable services                     | 6d.                |                 |                               |
|                         |   |   | 0d.<br>7.          | *               | 13.78                         |
|                         | d and housekeeping supplies   |   |                    | \$              | 200.00                        |
|                         | dcare and children's education  |   | 8.                 | \$              | 0.00                          |
|                         | hing, laundry, and dry cleaning   |   | 9.                 | \$              | 15.00                         |
|                         | onal care products and service  | es es   | 10.                | \$              | 0.00                          |
|                         | ical and dental expenses  |   | 11.                | \$              | 0.00                          |
|                         | sportation. Include gas, mainter  | nance, bus or train fare.                           | 12.                | ¢               | 75.00                         |
|                         | ot include car payments.  | wananaya magazinaa and baaka                        |                    | ·               |                               |
|                         |   | ewspapers, magazines, and books                     | 13.                |                 | 0.00                          |
|                         | ritable contributions and religion  | ous donations                                       | 14.                | ъ               | 0.00                          |
| 5. <b>Ins</b> i         |   | on voice pour or included in Proce 4 - 200          |                    |                 |                               |
|                         | of include insurance deducted fro<br>Life insurance                               | om your pay or included in lines 4 or 20.           | 150                | ¢               | 0.00                          |
|                         |   |   | 15a.               | ·               | 0.00                          |
|                         | Health insurance  |   | 15b.               |                 | 0.00                          |
|                         | Vehicle insurance   |   | 15c.               |                 | 41.75                         |
|                         | Other insurance. Specify:   |   | 15d.               | \$              | 0.00                          |
|                         |   | I from your pay or included in lines 4 or 20.       |                    | •               |                               |
| Spe                     |   |   | 16.                | \$              | 0.00                          |
|                         | allment or lease payments:  |   |                    | •               |                               |
|                         | Car payments for Vehicle 1  |   | 17a.               | ·               | 231.53                        |
|                         | Car payments for Vehicle 2  |   | 17b.               |                 | 0.00                          |
|                         |   |   | 17c.               | ·               | 0.00                          |
| 17d                     | Other. Specify:   |   | 17d.               | \$              | 0.00                          |
| 8. <b>You</b>           | r payments of alimony, mainter  | ance, and support that you did not repo             | ort as             | •               | 0.00                          |
|                         |   | Schedule I, Your Income (Official Form 1            | <b>06I).</b> 18.   |                 | 0.00                          |
|                         |   | ort others who do not live with you.                |                    | \$              | 0.00                          |
| Spe                     |   |   | 19.                |                 |                               |
|                         |   | cluded in lines 4 or 5 of this form or on           |                    |                 |                               |
|                         | Mortgages on other property   |   | 20a.               | ·               | 0.00                          |
| 20b                     | Real estate taxes   |   | 20b.               | \$              | 0.00                          |
| 20c                     | Property, homeowner's, or rent  | er's insurance                                      | 20c.               | \$              | 0.00                          |
| 20d                     | Maintenance, repair, and upkee  | ep expenses   | 20d.               | \$              | 0.00                          |
|                         | Homeowner's association or co   |   | 20e.               | \$              | 0.00                          |
| 1. <b>Oth</b>           | er: Specify:  |   | 21.                |                 | 0.00                          |
|                         |   |   |                    | · Ŧ             | 0.00                          |
|                         | ulate your monthly expenses   |   |                    |                 |                               |
|                         | Add lines 4 through 21.   |   |                    | \$              | 1,780.02                      |
| 22b                     | Copy line 22 (monthly expenses  | for Debtor 2), if any, from Official Form 106       | J-2                | \$              |                               |
| 22c                     | Add line 22a and 22b. The resul   | t is your monthly expenses.                         |                    | \$              | 1,780.02                      |
|                         |   |   |                    |                 | 1,700.02                      |
|                         | ulate your monthly net income   |   |                    |                 |                               |
|                         | Copy line 12 (your combined m   |   | 23a.               | •               | 2,030.49                      |
| 23b                     | Copy your monthly expenses fr   | om line 22c above.                                  | 23b.               | -\$             | 1,780.02                      |
|                         |   |   | ١                  |                 |                               |
| 23c                     | Subtract your monthly expense   |   |                    | Φ.              | 050.47                        |
|                         | The result is your monthly net in   | ncome.  | 23c.               | \$              | 250.47                        |
|                         |   |   |                    |                 |                               |
|                         |   | ease in your expenses within the year af            |                    |                 |                               |
|                         | xample, do you expect to finish paying<br>fication to the terms of your mortgage' | g for your car loan within the year or do you exped | ct your mortgage p | ayment to incre | ease or decrease because of a |
|                         | , , ,   |   |                    |                 |                               |
| <b>I</b>                | -   |   |                    |                 |                               |
|                         | es. Explain here:   |   |                    |                 |                               |

|  | eck if this is an<br>ended filing |
|--|-----------------------------------|
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: DISTRICT OF MARYLAND  Case number (if known)  19-13076  |                                   |
| (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: DISTRICT OF MARYLAND  Case number (if known) 19-13076  |                                   |
| United States Bankruptcy Court for the: DISTRICT OF MARYLAND  Case number (if known) 19-13076  |                                   |
| Case number (if known) 19-13076 Che  |                                   |
| (if known)   |                                   |
| (if known)   |                                   |
| am   | ended filing                      |
|  |                                   |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, conceasible of the statement of the schedules of the schedules. Making a false statement, conceasible of the schedules of the schedules. Making a false statement, conceasible of the schedules of the schedules. The schedules of the schedules of the schedules of the schedules of the schedules. The schedules of the schedules o |                                   |
| Sign Below   |                                   |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |                                   |
| ■ No   |                                   |
| ☐ Yes. Name of person Attach Bankruptcy Petition  Declaration, and Signature   |                                   |
|  |                                   |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.   |                                   |
| that they are true and correct.  |                                   |
|  |                                   |
| that they are true and correct.  X /s/ Elizabeth A. Overholtzer X  |                                   |